

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES  
FOR CHILDREN AND THEIR FAMILIES PROGRAM**

Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

**QUARTERLY REPORT**

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| Project Name: Children's Mental Health Initiative Prepared by Jeanne Mack<br>Date: January 31, 2002.<br>Quarterly Report Period(s): September 1, 2001 through November 30, 2001 |
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**I. Goals of the Project:**

- Have there been any changes in the goals of the project this quarter and for what reasons?

There have been no changes in the goals this quarter.

If there are no changes, describe progress toward achievement of the goals as described in your application.

*1.) Outcome-driven service delivery, supported by rigorous evaluation.*

In October 2001, service providers were contracted to specifically provide universal, targeted or intensive mental health care. Service providers agreed to provide wraparound services to identified SED children to continue the PSU evaluation project.

*A four-school proviso project is underway as well as a Juvenile Justice project (Connections). Both of these projects will be evaluated by PSU. Planning for a Title IVE Project with the Department of Children and Family Services is in the planning stages. These projects are further described below (5. Expanded system of case finding, screening and assessment).*

The SOC Policy Council has been revising bylaws with the intent of creating a sustainable structure that would support children, youth, and families in need of mental health resources.

*2.) System Wide Management Information System*

While no changes have been made in this area, the following information is provided for clarification:

Data for children in the mental health system are entered into a single data base. The information is cross-referenced to other systems to develop common data for new projects such as the Connections Project (Juvenile Justice System) and the Title IVE Project (Department of Children and Family Services).

*3.) Enhanced involvement of consumers at all levels of the system of care*

Family members serve on the policy council and policy council committees.

The family services committee is 50% parents (5). Parents have been hired by service providers (required by county contracts) as parent partners and an RFQ for parent partners for systems navigation has been posted. A parent is involved as an interviewer with the PSU evaluation project, and parent partners are a requirement for the Juvenile Justice Connections and the Title IVE Children and Family Services Projects.

**Please see Appendix 1., Parent Partners Program Brochure**

The Community Empowerment Project (RSN funded training project) will train parent partners in wraparound and child advocacy issue. School-based projects are supporting teachers, administrators and parents by providing opportunities to provide parent support, training, and wraparound services. Ongoing monitoring and evaluation of these projects will begin to provide information that will be helpful in disseminating the models to other sites. Preliminary indications are that these projects have the potential of reducing the behavioral referrals for special education placements.

**Please see Appendix 2, Community Empowerment Outlook Article and Newsletter**

The Family Services Committee of the Policy Council is involved in reviewing consumer satisfaction survey samples with the intent of creating a survey that can be used by service providers for use with families, including feedback on survey information to the committee on a quarterly basis. This is a joint effort with the Community Partners (service providers and families) Subcommittee. The Family Services Committee is planning a forum on respite services for January 2002.

*4.) Development of a Children's Trust Fund*

During July, August, and September, \$13,000 was distributed to families from the flex funds. Policies and procedures for the funds are in place, with an internal audit system to be implemented each quarter by the Finance Committee.

Flex funds remain with the county, but contacts have been made with potential non-profits for placement as designated flex funds for SED children and families.

**Please see Appendix 3, Children's System of Care Flex Funds Policies and Procedures, Audit Check List, and Special Needs Request.**

*5.) Expanded system of case finding, screening and assessment*

Currently expanded case finding, screening and assessment are taking place in the following projects:

**CONNECTIONS: A Strengths-based Program for Probationers with Behavioral Health Issues**

Connections is a new Clark County Juvenile Department program developed in partnership with the mental health community designed to provide family centered services to youth on probation who also have behavioral health issues. The program is funded with Juvenile Department general revenue funds and mental health dollars from the Regional Support Network and the Children's System of Care Federal Grant.

Participants will have access to a team of professionals trained in providing strength-based, individualized services in a wraparound model. A staff Clinical Psychologist will provide twenty professional hours a week to the program. In addition to performing psychological evaluations and assisting with program development, the psychologist will be available to staff cases, consult with teams and provide direct services to select youth. A Psychiatrist, on contract to the Department, will provide psychiatric evaluations and ongoing medication management to select program youth. All Program staff are trained in Wraparound/Individualized and Tailored Care.

Each wraparound team will also consist of four court staff, each of whom fulfills specific roles. A Probation Counselor and a Probation Associate will provide probation services that promote community safety, provide services to victims, increase youth competencies and provide accountability. They will monitor youths' compliance with the court's mandates, provide ongoing support and resources, and help youths achieve success in school, at home, and in the community. A Care Coordinator will conduct assessments, help family members identify their strengths and natural supports, recruit other people who are involved with your child, and facilitate team meetings. A Family Specialist will be available to provide emotional and practical support for family members as well as the youth. Connections will utilize the combined efforts of team members to create positive solutions to meet the complex needs of each youth and family.

**Connections is designed to deter program participants from continued criminal activity and stabilize the youth in the community by establishing effective community-based support systems that will serve youth after**

**court ordered supervision expires. The goal will be achieved by implementing the following objectives:**

Program staff will support and reinforce Superior Court decisions regarding case dispositions.

Balanced and restorative justice principles and values will be incorporated to increase youths' skills, provide services to victim(s), and increase public safety. Each participant will have an individualized service plan built on strengths to address his/her needs and connections will be made with appropriate resources. These plans will be developed in a collaborative manner with input from the offender and parent/guardian, program staff, representatives from community agencies and others that have important relationship with the youth and family. Plans will ensure that participants will have access to a comprehensive array of services that address the youth's physical, mental health, emotional, social, and educational needs.

While participating in the program, youth will be encouraged to accept responsibility for their behavior and required to fulfill obligations related to court orders and diversion contracts.

Program staff will have regular contact with all parties participating in the development and/or delivery of service specified in the individualized service plan.

Currently 112 youth are being served in this project.

**TITLE IV E PROJECT**

The Title IVE Waiver Project is a joint project between the Division of Child and Family Services (DCFS) within the Department of Social and Health Services (DSHS) and the Clark County Regional Support Network (RSN). The funds are blended and both key stakeholder organizations collaborate towards implementation and sponsorship of the project.

The joint project is called the Clark County Wraparound Project. It will serve up to 45 children during the first year between the ages of six through seventeen currently being served in the child welfare system who have mental health needs; and who are at risk of out of home placement or who with the provision of the comprehensive array of wraparound services could return from a group home/residential treatment center. Children will be identified by the Department of Child and Family Services (DCFS) and referred to the Regional Support Network for eligibility and acceptance into the project.

Two care coordinators are being recruited and will be hired by the end of January. These Care Coordinators will be trained in the principles of wraparound during February and the project is expected to be operational by March 1. DCFS staff are currently in the process of identifying potential children for this project and will be submitted to the County for review. Upon agreement, the children

selected will be submitted to the Central Administration of DCFS for random selection into the program.

## SCHOOL BASED PROJECTS

The purpose of the school-based mental health projects, which are funded by state Mental Health proviso dollars, is to serve children in the public school system who have mental, emotional and/or behavioral challenges. The projects were designed to be family-centered, family-driven, and strength-based, incorporate a strong parent support component and the wraparound approach, provide services that are unique and creative, utilize formal and informal supports, and ultimately improve academic and social performance of the children. Details of the project are in the complete report in the appendices. The following information describes each project:

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| <p style="text-align: center;"><b>The Evergreen Project</b></p> <p><i>Mental Health staff includes:</i><br/> 2 Peer Parent Supporters (PPS)<br/> 2 Family Resource Specialists (FRS)<br/> 1 Child Intervention Specialist (CIS)</p> <p><i>Key school personnel includes:</i><br/> 2 Special Education Teachers<br/> 4 Teacher Assistants<br/> 1 Principal</p> <p><i>Key Features:</i></p> <ul style="list-style-type: none"> <li>♦ Designed to serve youth and their families who are enrolled in Behavior Disorder classrooms in the Evergreen School District</li> <li>♦ Participating Schools - Orchards Elementary School; Covington, Cascade, and Wy'East Middle Schools.</li> <li>♦ Partnership between Columbia River Mental Health and the Evergreen Project began in January 2000</li> </ul> | <p style="text-align: center;"><b>Battle Ground Prevention Project</b></p> <p><i>Mental Health staff includes:</i><br/> 2 Peer Parent Supporter (PPS)<br/> 1 Family Resource Specialist (FRS)<br/> 1 Child Intervention Specialist (CIS)</p> <p><i>Key school personnel includes:</i><br/> 2 School Psychologists<br/> 2 Principals<br/> Referring Teachers</p> <p><i>Key Features:</i></p> <ul style="list-style-type: none"> <li>♦ Designed to serve youth identified as at-risk for placement in more restrictive settings and with a greater need for services and supports.</li> <li>♦ Participating Schools - Captain Strong Elementary and Chief Umtuch Elementary</li> <li>♦ Partnership between Columbia River Mental Health and the Battle Ground Prevention Project began in March 2000</li> </ul> |
| <p style="text-align: center;"><b>Vancouver Mobile Intervention Team</b></p> <p><i>Mental Health Staff includes:</i><br/> 2 Peer Parent Supporters<br/> 1 Child Intervention Specialist</p> <p><i>Key School Personnel includes:</i><br/> 1 Behavioral Consultant<br/> 2 Staff Assistants</p>   | <p style="text-align: center;"><b>STAR Project</b><br/> <b>(<u>S</u>trengths, <u>T</u>eamwork, <u>A</u>ssets and <u>R</u>esiliency)</b></p> <p><i>Mental Health Staff includes:</i><br/> 1 Parent Partner<br/> 1 Family Advocate</p> <p><i>Key School Personnel includes:</i></p>   |

|   |  |
|---|--|
| <p>School Counselors and Psychologists<br/>Principals<br/>Special Education Teachers<br/>Referring Teachers</p> <p><i>Key Features:</i></p> <ul style="list-style-type: none"> <li>♦ Team is based at one school, but serves all 21 elementary schools in Vancouver School District (VSD)</li> <li>♦ Designed to serve a target population of children throughout the VSD who are on Individualized Education Plans and are at risk for placement in a more restrictive setting.</li> <li>♦ Partnership between Columbia River Mental Health and the Vancouver MIT began in February 2000.</li> </ul> | <p>1 Principal<br/>1 Vice Principal<br/>1 School Counselor<br/>1 Teacher/Student Support Team Coordinator</p> <p><i>Key Features:</i></p> <ul style="list-style-type: none"> <li>♦ Designed to implement a family-centered non-traditional mental health program for behaviorally challenged youth utilizing both formal and natural support systems directed toward maintaining children in the least restrictive classroom setting</li> <li>♦ Partnership between Children's Center and Burnt Bridge Creek School began in September 2000</li> </ul> |
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**Please see Appendix 4, School Based Mental Health Project Final Report Executive Summary, October 2001 and complete final report October 2001.**

#### *6.) Cross system program for increased cultural competence*

The Cultural Competency Committee is currently discussing the employment opportunities for diverse populations. Although there are many interpreters available in the area, we recognize that diverse populations are often times not hired for positions as therapists. This is a problem, because diverse consumers are more comfortable and prefer to have someone from their own community to be their therapist. The committee is looking at how we can recruit minority college students to major in mental health related fields and also how we can encourage them to apply for jobs in Clark County.

The Cultural Competency Standards are now Clark County official policy for the provider agencies. The committee is currently working with the Clark County Compliance officer to develop a strategy by which we will measure the use of Cultural Competence Standards. The committee is actively involved in planning for the monitoring of not only the standards but also of the complaints that have to do with Cultural Competency. We are working closely with the Behavioral Health Quality Manager on this issue.

**Please see Appendix 5, Clinical Practice Standards for Cultural Competency**

The resource directory project that was planned for the compilation of names of local diversity organizations has been put on hold because it was difficult to come up with reliable information. In many cases the efforts were duplications. We have been working closely with other community organizations and our provider agencies who already have this data to keep ourselves educated about available community resources. The committee itself acts as a resource because the

members are of various diverse backgrounds and are able to share their expertise with the community and provider agencies.

The Cultural Competency Committee continues to be invested in community outreach. Members of the committee sit on other diversity panels and continually do community outreach. The committee is in process of recruiting new members. They recognize that Clark County's demographics are changing and the diverse/minority community is growing. They want to make sure that the membership of the Cultural Competency Committee captures the diversity of Clark County. They are recruiting community members who are interested in making a change and making the system better for all consumers.

Trainings continue and have proven to be very successful.

Attendees had nothing but positive remarks about both the trainers and the topics discussed. We are currently discussing a possibility of partnering with OHSU to do a series of community trainings in Clark County. Because of how extensive the Intercultural Psychiatric Program at OHSU is, it promises to be an asset to our community. At this time the committee is researching new topics on which to provide trainings. There is a topic currently being discussed – stigma around being a minority consumer. We have polled all of the providers and it seems that a training around this issue is something they would appreciate having. Other community organizations, specifically DCFS and JDH are involved in this planning.

## **Please see Appendix 6, Cultural Competency Training Brochure**

### *7.) Enhanced capacity for resource mapping and asset identification*

#### **Family Resource Centers**

Connections with the Family Resource Network, a county initiative to empower communities to provide resources to families and children have been ongoing. The goal is to encourage community groups and agencies to create centers that provide activities and support for children, youth, and families. The promotion of activities that serve the needs of emotionally challenged youth is a major emphasis of this partnership.

A **Youth House** Team was instituted in November to begin the work of developing assets in children, youth and families. This project will operate much like Family Resource Centers, with a focus on youth voice and positive interactions with adults. The work of the Youth House Team will take place in the Youth House, a house built in 1910, located in downtown Vancouver. The work of the System of Care Policy Council, youth leadership development, 40 Developmental Asset strategies and activities will be incorporated in the Youth House Team Plan. The Youth House will be managed by a team of 5 youth and 5 adults.

## School Based Projects **(Described above; 5) Expanding system of case finding)**

Portland State University staff presented an evaluation of four Clark County school based mental health projects to the Policy Council in October. The purpose of the school-based mental health projects, which are funded by state Mental Health proviso dollars, is to serve children in the public school system who have mental, emotional and/or behavioral challenges. The projects were designed to be family-centered, family-driven, and strength-based, incorporate a strong parent support component and the wraparound approach, provide services that are unique and creative, utilize formal and informal supports, and ultimately improve academic and social performance of the children.

The key findings indicated that each of the four models has strengths and weaknesses, with varying degrees of successful implementation of innovative mental health services provided with a school environment. Families surveyed were generally very pleased with the services and supports they had received, with two-thirds of families reporting that these services met their needs quite well. Challenges emerged in six major areas, including: clarity about roles and projects; communication, coordination, and integration; flexible funds, wraparound; ongoing project support, and family issues. Families repeatedly commented on the need for safe and qualified childcare during meetings and events in order to allow them to focus on important information, connect with their peers, and build a support network. Respite care is desired so that families can feel capable of continuing to deal with challenging children and to enhance their own mental health.

Recommendations included addressing each of the challenges and the continuation of the evaluation of the school-based projects.



## II. Target Population of Children who have Serious Emotional Disturbances:

Previous reporting in this section has included all children with serious mental health issues served by the RSN. The current numbers reflect children contracted for crisis and targeted services.

- *Number of children newly enrolled in services this quarter only:*  
Being served through service agencies.  
Base line data.

Males: 89      Females: 51      Total 140

- Number of children served to date:

The number above are baselines for new reporting.

- *How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?*

Data collected by PSU for children in the study indicates that:

Hispanic ethnicity of total: 3.8%

Endorsed race/ethnicity of total:

1.7% American Indian or Alaska Native

0.3% Asian

4.1% Black or African American

0.9% Native Hawaiian or Pacific Islander

87% White

2.6% American Indian or Alaska Native and White

0.6% Black or Africa American and White

0.3% White and other

0.3% American Indian, Asian, and White

0.3% American Indian, African American, and White

1.7% "other"

All "others" listed themselves as Hispanic or Mexican-American

- *Across all systems partners; how many children, as of this reporting period, are currently being served:*

Out of state: Eleven

Out of community: Two

Have barriers to enrollment been identified and if so how are they being addressed?

See PSU evaluation report.

### **III. Child and Family Services/Supports:**

- *Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?*

All mandated services are currently being provided.

The Family Services Committee, with strong parent representation, is meeting monthly to look at the integration of the system of care and the development of family-oriented, strength-based services, for providing screening, technical training and assistance, family support, and quality assurance and outcome development.

The Community Partners Committee, a subcommittee of the Family Services Committee meets twice a month with agencies and service providers to develop a family-friendly model for wrap-around and ITC. Parent Liaisons are being hired through an RFQ process and will be included in the Wrap-around/ITC implementation with families. Service Providers have been contracted for universal/targeted, intensive, and mobile crisis services.

- *Have barriers to development and implementation of the mandated services been identified and how are they being addressed?*

Access to services and the support available to families are being addressed.

The September Children's System of Care Policy Council Meeting was focused on describing services available to families. A panel of service providers described their services and responded to a scenario of a family in crisis, with a response by the agencies of how they would proceed through the process of providing services. The audience was given an opportunity to submit written questions that will be answered and provided to them at the October meeting. Matching the needs of children and families with available resources continues to be a challenge. Efforts will be focused on marketing the strategies to the community. A video and brochure have been developed and a marketing plan for distribution is being developed.

**Please see Appendix 7, Clark County Children's System of Care Public Forum Questions on September 6, 2001**

#### **IV. System Level Coordination/Infrastructure and Management Structure:**

- *Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.*

Team members remain the same. Infrastructure and management changes are being considered with recommendations from the SOC Policy Council currently under consideration.

- *Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.*

A proposal from Clark County to the Washington State Department of Social and Health Services to consider establishing Clark county as a demonstration sit for statewide implementation of a Children's System of Care was submitted this quarter.

#### **Please see Appendix 8, CSOC Proposal to Washington State Department of Social and Health Services**

- *List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?*

See Goal I, 5.) Expanded system of case finding, screening and assessment for this information (pp.2-3).

- *Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.*  
William M Mercer. Children assigned to the project will be randomly assigned by Childrens Administration to either the pilot project or the control group. Control group will receive traditional services and the experimental group will receive the new model of service delivery.
- *Have barriers to any of the above listed activities been identified and if so, how are they being addressed?*

Implementation of multiple projects across systems is always a challenge. Training staff and developing new procedures are time intensive and time consuming.

## **V. Cultural Competence:**

- *Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.*

The Cultural Competency Committee is currently discussing the employment opportunities for diverse populations. Although there are many interpreters available in the area, we recognize that diverse populations are often times not hired for positions as therapists. This is a problem, because diverse consumers are more comfortable and prefer to have someone from their own community to be their therapist. The committee is looking at how we can recruit minority college students to major in mental health related fields and also how we can encourage them to apply for jobs in Clark County.

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The resource directory project that was planned for the compilation of names of local diversity organizations has been put on hold because it was difficult to come up with reliable information. In many cases the efforts were duplications. We have been working closely with other community organizations and our provider agencies who already have this data to keep ourselves educated about available community resources. The committee itself acts as a resource because the members are of various diverse backgrounds and are able to share their expertise with the community and provider agencies.

The Cultural Competency Committee continues to be invested in community outreach. Members of the committee sit on other diversity panels and continually do community outreach. The committee is in process of recruiting new members. They recognize that Clark County's demographics are changing and the diverse/minority community is growing. They want to make sure that the membership of the Cultural Competency Committee captures the diversity of Clark County. They are recruiting community members who are interested in making a change and making the system better for all consumers. Trainings continue and have proven to be very successful.

Attendees had nothing but positive remarks about both the trainers and the topics discussed. We are currently discussing a possibility of partnering with OHSU to do a series of community trainings in Clark County. Because of how extensive the Intercultural Psychiatric Program at OHSU is, it promises to be an asset to our community. At this time the committee is researching new topics to provide trainings on.

## **VI. Family Involvement:**

- *Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.*

### **Policy Council**

Parents continue to participate as Trustees and Board members. Parents participate in the making recommendations and decisions for the direction of the Children's System of Care.

### **Family Services Committee**

Parents continue to attend the family services committee, establishing goals in recruiting families and making sure that services to families are monitored for quality. Parents have been key in planning a parent forum, and developing quality child care for Policy Council meetings.

### **Service Delivery**

Parent Partners have been hired by each of the six services providers who provide universal (Columbia River Mental Health, Children's Center, Children's Home Society), targeted (Columbia River Mental Health, Children's Center, Children's Home Society Institute for Family Development and Family Solutions), intensive (Catholic Community Services), crisis stabilization (Catholic Community Services) and the Mobile Crisis Team (Peace Health)

### **Evaluation**

A parent has been hired to carry out interviews with parents in the school-based project being carried out by PSU. Parents who have been interviewed are invited to attend Policy Council meetings to hear the evaluation reports made by the PSU team, including the participation of the parent interviewer.

### **Connections Project**

Parents have been hired in the connections project as Family Specialists and will be available to provide emotional and practical support for family members as well as youth.

## **Training**

The Community Empowerment Project led by Mary Jadwisiak is developing a training calendar that will address the following topics:

Surviving the System  
Core Parent Partner Training  
Cross Agency System Training  
Engaging Families/Provider Training  
IEP Training

Trainings are scheduled to begin in December. Parents and providers in the CSOC will be involved in many of these offerings.

Wraparound training will be provided next quarter for both parents and providers. Training will be provided by Pat Hunt. Service providers will be encouraged to bring parents to the training and parents will be encouraged to bring professionals with them.

## **Parent Partner Project**

Interviews will be taking place to hire parent partners. Parents with experience navigating the multiple systems that need to be accessed by parents will be hired.

## **North County Family Resource Center**

The North County Center provides information and access to appropriate community agencies and provides support to children and families in emergent issues. Staff participate in the organization and coordination of parent, community, and school activities. Referrals for family support are coordinated through the Clark County Family Advocate. Support groups for special needs children meet regularly. Involvement with the Children's System of Care is ongoing.

- *Have barriers been identified in family involvement and how are they being addressed?*

Parents continue to express concerns regarding their meaningful involvement in the Children's System of Care. They are particularly concerned that their own families needs are met, that their voices are heard, and the issues they identify are addressed.

Efforts to involve them at all levels, create a listening, accepting environment, and respond to their concerns will take continued effort.

Parents from the Family Services Committee are partnering with the Parent Advisory Council from the North County Family Center to plan a forum in regard to Respite Care, one of the issues they would like to have improved.

## **VII. Social Marketing/Public Education Campaign:**

- *Describe any changes to your social marketing/public education plan this quarter?*

The social marketing plan has yet to be formalized. Networking with community service clubs, churches, family resource centers and schools is ongoing. The brochure and video developed in the last quarter are proving helpful in this effort. A coordinated social marketing and business plan focused on creating a sustainable project in Clark County is underway.

Discussion with Vanguard is underway with the intent of developing a Clark County Children's System of Care social marketing plan to address the diverse efforts underway in Clark County.

- *How has the national campaign team helped you this quarter.*  
Discussions are underway.

- *Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?*

Evaluation data for the targeted population as well as evaluation information on the 4-School Proviso Projects were presented to the Policy Council Membership, including service providers, families, and community members. Information about the System of Care concept was presented to school personnel. The 4-School Proviso Project information was presented to two of the participating schools. The video and brochures were shown at the Policy Council, the Family Resource Center Committee, churches, and service clubs.

The key messages focused on the Wrap-around model and the level of implementation at this point.

- *Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed.*

The most significant barrier to the social marketing efforts continue to be a lack of consistent messages from the many providers, committees, and stakeholders. It is difficult to get a clear picture of the many facets of the System of Care in Clark County.

- *How has the national campaign team helped you this quarter.*

We are awaiting the report from COSMOS on the impact of the campaign on our efforts. Conversations with Vanguard are underway, with the hope that we may collaborate on improved performance in this area.

## VIII. Evaluation:

### Clark County System of Care Evaluation Quarterly Report September 1, 2001 to November 30, 2001

The table below depicts the interviews completed during this three-month period, and the total interviews for the year. Interviewing began in December, 1999.

|   | Sept. through<br>Nov. | Cumulative<br>total |
|---|-----------------------|---------------------|
| <b>Intake Descriptive Information Questionnaires</b>  | 29                    | 341                 |
| <b>Number of children for whom baseline data collection is complete (youth and caregiver)</b> | 22                    | 159                 |
| <b>Number of children for whom 6-month follow-up data collection is complete</b>              | 10                    | 96                  |
| <b>Number of children for whom 12-month follow-up data collection is complete</b>             | 11                    | 50                  |
| <b>Number of children for whom 18-month follow-up data collection is complete</b>             | 13                    | 22                  |

1. *How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?*

There is one full-time Family Information Specialist (interviewer) located at Columbia River Mental Health, one full-time FIS at Catholic Community Services (CCS), and one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services.

The FIS's continue to interview families throughout Clark County. The numbers of completed interviews are shown in the table above.

We continued to conduct a local evaluation that focuses specifically on programs to integrate mental health services into four projects serving several schools (the "Proviso" project). Three presentations were made to present the final report data, one was to the Policy Council meeting, and two separate presentations were made to schools involved in the Proviso project.

Additionally, we continued meeting with representatives of Juvenile Justice and DCS to plan for the evaluation of a new program designed to provide wraparound and other services to families of children in the Juvenile Justice system—the Connections project. During this quarter we continued work on planning the integration of these families into the National Evaluation and designing a small local outcome evaluation. In October we held a training with the Connections staff to explain the process of obtaining consent to participate in the evaluation. After this



meeting, Connections staff began collecting consents; interviews with families receiving services through Connections began in early November.

In September, Mike Pullman attended a statistical analysis training in Chicago, which should assist in future analysis.

In October, all of the FIS's led a training with Catholic Community Services on gathering consent for families to participate in the evaluation.

In November we conducted an analysis of data from the Clark County Sheriff's department, emergency services, and local hospitals about suicide threats and attempts. A brief report was filed with the DCS.

In November, Paula Savage and Mike Pullman presented to a class in Portland State University's Graduate School of Social Work. The presentation was about participatory evaluation—specifically concerning Paula's involvement in the Clark County evaluation.

*2. How are the results and data being disseminated, with whom, and how is it being used for policy development?*

During this quarter, members of the evaluation team worked on dissemination in several ways:

1. The final written report was submitted for the Proviso evaluation for last year's data.
2. Two presentations to separate schools involved in the Proviso evaluation
3. A presentation about the Proviso evaluation was made at the Policy Council meeting.
4. An evaluation training and presentation was made to the Connections/Juvenile Justice project staff.
5. An evaluation training and presentation was made to Catholic Community Services staff.
6. Suicide data analysis and report

*3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?*

The team continues to face minor difficulties in locating participants that have moved between baseline and follow-up interviews. As with last quarter, they share ideas for increasing retention during the FIS staff meetings and through informal discussion.

This quarter continued to see the FIS located at Catholic Community Services without an official designation. Last quarter she was asked to work somewhere else because of the conflict of interest as her family is receiving services from CCS. While there have been assurances to resolve this issue, there was very little movement during this quarter.

## **IX. Technical Assistance and Trainings:**

- *Describe training activities that have occurred for your community this quarter.*

A public forum was held on September 6, 2001 in which service providers described the services they have been contracted to provide for children and families. Scenarios for universal, targeted, intensive and crisis care were used to help the audience understand the role of each of the providers. Questions were turned in at the end of the meeting and answers were provided at the Policy Council meeting in October. Participation at this meeting was excellent, with a high turn out among parents and community. The estimated attendance was over 100.

The Cultural Competency Committee provided a one-day training to 60 participants. The Keynote/Trainer was Sharyne Shiu-Thornton, Ph.D. The training focused on ways in which providers and educators can engage ethnically diverse/under-served youth and families in social services, integrate 4 key cultural factors into assessments, and the delivery of services that are meaningful to youth and families. The Minority youth from the Minority Youth Leadership Project participated in a youth panel, to help the participants gain a better understanding of the youth perspective on social services.

- *Future plans for training.*

Wraparound training for service providers and parents is planned for January. Professionals will be asked to bring a parent, and parents will be asked to bring a professional. Pat Hunt will be providing the training.

## **X. Sustainability**

- *List percentages of your match funds which comes from public or private sources*

|                              |              |
|------------------------------|--------------|
| Juvenile Justice Connections | \$303,697.49 |
| Family & Youth Programs      | \$161,861.30 |
| CSOC Trustee Committee       | \$1,019.72   |
| Children's Home Society      | \$20,004.00  |
| Collected %                  | 69.58%       |

## **XI. Lessons Learned**

- *Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.*

The implementation of the Wraparound model is true systems change, which by its very nature is an evolutionary process. However, dedicated trainers, providers and parents are making a difference in the lives of children and their families, one at a time. Aligning multiple systems is arduous work and including

families at all levels of the system is extremely challenging. One of our family members put it well; “Parents don’t want to sit in meetings. They want to take care of their families and let the Policy Council know whether their needs are being met or not. Then they want something done about what’s not working.”

The implementation of this grant is arduous work, but celebrating progress uplifts the spirit. The Accomplishment in CMHI grant implementation and PC activities found in **Appendices 9** summarizes the work of 2001. We celebrate our accomplishments and look for continued support to share our efforts needing further attention.